



AF 11771  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/664,976
Filing Date	September 18, 2000
First Named Inventor	Joseph M. Bennett
Group Art Unit	1771
Examiner Name	Vo, Hai
Attorney Docket Number	AFD 378

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Total Number of Pages in this Submission

4

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Technology Center               |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences       |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to a TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):           |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Request for Statutory Invention Registration  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application  |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Bobby D. Searce, Reg. No. 26,333
Signature	<i>Bobby D. Searce</i>
Date	18 Sep 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

BOBBY D. SCEARCE

Signature

Date

*Bobby D. Searce*

18 Sep 2003

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
**AFD 378**In re Application of  
**Joseph M. Bennett**Application Number  
**09/664,976**Filed  
**September 18, 2000**For  
**Mitigating Ignition of Fluids by Hot Surfaces**Group Art Unit  
**1771**Examiner  
**Vo, Hai**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$ 110.00
- ☐ Two months (37 CFR 1.17(a)(2)) \$ 410.00
- ☐ Three months (37 CFR 1.17(a)(3)) \$ 930.00
- ☐ Four months (37 CFR 1.17(a)(4)) \$ 1,450.00
- ☐ Five months (37 CFR 1.17(a)(5)) \$ 1,970.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number AF 01-0465. I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 26333

18 Sep 2003  
Date

Bobby D. Searce  
Signature  
Bobby D. Searce

09/29/2003 SESHE1 00000101 010465 09664976  
01 FD:1051 110.00 DA

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

\* ☐ Total of \_\_\_\_\_ forms are submitted.